

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Henry Ford Health System Government Affairs Services PAC

ADDRESS (number and street) ▼

c/o Comerica Bank, PAC Services

3551 Hamlin Road, MC2250

☐ Check if different than previously reported. (ACC)

Auburn Hills

MI

48326

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00552141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James M. Connelly

Signature of Treasurer

James M. Connelly

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014 | | 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 0.00 | |
| (c) Total Receipts (from Line 19) | 24450.00 | 24450.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 24450.00 | 24450.00 |
| 7. Total Disbursements (from Line 31) | 9000.00 | 9000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 15450.00 | 15450.00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 4 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 23900.00 | 23900.00 |
| (ii) Unitemized | 550.00 | 550.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ► | 24450.00 | 24450.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ► | 24450.00 | 24450.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ► | 24450.00 | 24450.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ► | 24450.00 | 24450.00 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 9000.00 | 9000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 9000.00 | 9000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9000.00 | 9000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 24450.00 | 24450.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 24450.00 | 24450.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Mary Alice Annecharico

Mailing Address 80 Lochmoor Blvd

City

Grosse Pointe Shores

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

SR VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 8491684

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Nancy Schlichting

Mailing Address 1710 Orchard Lane

City

Bloomfield Hills

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 16 / 2014

Transaction ID : 8494863

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Rose Glenn

Mailing Address 48767 Stoneridge Dr

City

Northville

State

MI

Zip Code

48168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health Systems

Occupation

SVP Communications/CMO HFHS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 17 / 2014

Transaction ID : 8500134

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. James M. Connelly

Mailing Address 7123 Kennowy Court

City State Zip Code
 West Bloomfield MI 48322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health Systems

Occupation

HAP CEO/HFHS EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : 8500185

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Susan Conway

Mailing Address 998 Brookwood Street

City State Zip Code
 Birmingham MI 48009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : 8501878

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mark E. Coticchia

Mailing Address 1135 Shelby St #2607

City State Zip Code
 Detroit MI 48226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Healthcare Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : 8501879

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Margot C Lapointe

Mailing Address 130 Tiffany Ln.

City

Royal Oak

State

MI

Zip Code

48067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Research Scientist & VP for Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 8508010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian R Gamble

Mailing Address 2304 Hedigham Blvd

City

Wixom

State

MI

Zip Code

48393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 8508014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James P O'Connor

Mailing Address 3237 Glen Iris Drive

City

Commerce Township

State

MI

Zip Code

48382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Healthcare Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 8508017

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Edith Eisenmann

Mailing Address 19225 Savage Rd.

City State Zip Code
 Belleville MI 48111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Henry Ford Health System

Occupation
 VP & CGO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 06 / 24 / 2014

Transaction ID : 8508018

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles J Barone II

Mailing Address 8228 Long Island Ct.

City State Zip Code
 Fair Haven MI 48023

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Henry Ford Health System

Occupation
 Physician Pediatrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 06 / 25 / 2014

Transaction ID : 8508056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Veronica Hall

Mailing Address 3321 Squirrel Rd.

City State Zip Code
 Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Henry Ford Health System

Occupation
 COO, SCNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 06 / 25 / 2014

Transaction ID : 8508057

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 14
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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Noel Baril

Mailing Address 8 Dodge Place

City State Zip Code
Grosse Pointe MI 48230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 8509675

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Manuel L Brown

Mailing Address 317 Berwyn Street

City State Zip Code
Birmingham MI 48009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 8509676

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. T. Douglas Clark

Mailing Address 4083 Charing Cross

City State Zip Code
Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health Systems

Occupation

Vice Pres. HFHS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 8509677

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Paul A. Edwards MD

Mailing Address 4260 Apple Valley Lane

City State Zip Code
West Bloomfield MI 48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 8509678

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles Kelly

Mailing Address 1315 Pine Drive

City State Zip Code
Ortonville MI 48462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation
Physician Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 8509679

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Julia S Swanson

Mailing Address 2615 Solar Dr

City State Zip Code
Lake Orion MI 48360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation
VP Performance Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 8509681

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Denise Beaudoin

Mailing Address 37075 Kingsburn

City State Zip Code
 Livonia MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

VP Customer Engagement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : 8509752

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. H. Darlene Burgess

Mailing Address 7113 Pebble Park Drive

City State Zip Code
 West Bloomfield MI 48322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Corp VP Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : 8509753

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert G. Riney

Mailing Address 125 Kenwood

City State Zip Code
 Grosse Pointe Farms MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health Systems

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : 8509754

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. John Popovich Jr.

Mailing Address 264 Chesterfield Ave.

City State Zip Code
 Birmingham MI 48009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : 8509761

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Deloris Ann Berrien-Jones

Mailing Address 5467 Forest Way

City State Zip Code
 Bloomfield MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : 8516100

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gerard B. Martin

Mailing Address 742 Berkshire Rd

City State Zip Code
 Grosse Pointe Park MI 48230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : 8516101

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

23900.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Henry Ford Health System Government Affairs Services PAC

Full Name (Last, First, Middle Initial)

A. Health PAC

Mailing Address 2112 University Park Dr

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Okemos | MI | 48864 |

Purpose of Disbursement
Direct Contribution

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 19 | | 2014 |

Transaction ID : 8501860

Amount of Each Disbursement this Period

| |
|---------|
| 9000.00 |
|---------|

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 9000.00 |
|---------|

| |
|---------|
| 9000.00 |
|---------|